

Discussion Item #2: Principles to apply to MHSF Recommendations

Overview: The IWG will use a set of principles to apply to all MHSF recommendations they develop. A discussion group including Members Shon Buford, Vitka Eisen, and Sarah Shortt met on May 10 and June 8, 2021 to make refinements to the principles to present to the full IWG at the June 22, 2021 meeting (see Appendix for history of principles development). If approved, these principles will be included in the [Planning Framework](#) and used by the IWG as they develop recommendations.

Final wording to be used to answer the following questions for each recommendation: “Does the recommendation.....

Determined the IWG Agreed/”Can Live with” these recommendations at May meeting (will not re-open for discussion)

1. Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment
2. Prioritize mental health and/or substance use services for people in crisis
3. Provide timely and easy access to mental health and substance use treatment (low barriers to services)
4. Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect
5. Utilize a harm reduction approach in all services*
6. Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services
7. Facilitate the integration of mental health and substance use services to ensure that individuals experience treatment as one seamless and completely coordinated system of care, organized around their individual needs

Two new principles to consider (will do a level of agreement on both)

Proposed 8. Include sufficient resources to assure that workers associated with the program are paid at the prevailing wage*

Proposed 9. Include a range of services from voluntary to conservatorship/involuntary treatment

* Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.

** See [this source](#) for a definition of “prevailing wage” and its distinction from “minimum wage” and “living wage”

Appendix A: History of Principles Development

Original principles (Jan 26 IWG meeting)	2 rounds of feedback		Refined principles (April 23 IWG meeting)	IWG feedback (May 25 IWG meeting)
	Feedback re original (Feb 23 IWG meeting)	Feedback to refinements (March IWG survey feedback on drafted principles)		
Reflect evidence based best practices, data, research, and a comprehensive needs assessment	<ul style="list-style-type: none"> Define the issue which interconnect to mental health, homelessness, drug use, racial experiences, living in violent environments of drug dealing and crime, prison reform and re-entry into society. Identify communities most in need and services in those communities Community-based best practices that reflect that community of focus for MHSF Inclusive 	<ul style="list-style-type: none"> Reflect evidence and community based 	Reflect evidence and/or community based best practices, data, research, and a comprehensive needs assessment.	No change/approved
Prioritize mental health or substance use services for people in crisis or experiencing homelessness	<ul style="list-style-type: none"> Define mental health in relation to MHSF 	<ul style="list-style-type: none"> Prioritize mental health and/or substance use services for people in crisis or experiencing homelessness. I do believe we had an agreed upon change of language to this It is equally important to assist individuals who are on the verge of losing their housing due to behavioral health issues. Crisis is broad term- accessing emergency services PES? 	Prioritize mental health and/or substance use services for people in crisis.	No change/approved
Provide timely and easy access to mental health and substance abuse treatment (low barriers to services)	<ul style="list-style-type: none"> or at-risk of prevention and early intervention 	<ul style="list-style-type: none"> Substance use treatment 	Provide timely and easy access to mental health and substance use treatment (low barriers to services)	No change/approved

Original principles (Jan 26 IWG meeting)	2 rounds of feedback		Refined principles (April 23 IWG meeting)	Discussion group synthesis (May 25 IWG meeting)
	Feedback re original (Feb 23 IWG meeting)	Feedback to refinements (March IWG survey feedback on drafted principles)		
Facilitate friendly, nonjudgmental services, and treat all patients with dignity and respect	<i>[Did not get to during meeting]</i>	<ul style="list-style-type: none"> • Create welcoming, non-judgmental treatment programs/spaces where all patients are treated with dignity and respect. • equity 	Create welcoming, nonjudgmental, and equity- driven treatment programs/spaces where all individuals are treated with dignity and respect. (amended to sub out "patients" to "individuals")	No change/approved
Respect the rights of people who engage in illegal, self-harming, harmful or stigmatized behaviors, and work with patients to minimize the physical, social, emotional, and economic harms associated with these behaviors	<ul style="list-style-type: none"> • Commit to harm reduction without putting public in harm's way (get more information from authors to better understand the intention of this principle) • Caveat: this does not stigmatize and exclude individuals with special needs- serves as a reminder to prevent denial of services and treatment for all individuals who need services and treatment in a dignified manner • Commit to using non-stigmatizing language 	<ul style="list-style-type: none"> • Respect the rights of everyone to access treatment. No one should be turned away because they engage in illicit, self harming, harmful or stigmatized behaviors. Service providers should not engage in policing behaviors. A priority should be placed on harm reduction principles that reduce the physical, social, emotional and economic harms in every person's life. • To be consistent, either use patients or people. • I would be willing to accept this with a legal explanation of what this means, and with the inclusion of involuntary treatment and conservatorship. 	<p><i>Break out into two recommendations:</i></p> <p>Respect every person's right to access treatment and no one turned away for their engagement in illicit, self-harming, harmful or stigmatized behaviors.</p> <p>Prioritize the use of harm reduction principles and actively disengage from policing behaviors.</p>	Utilize a harm reduction approach in all services. (Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Mental Health SF shall treat all consumers with dignity and compassion, and shall provide care without judgment, coercion, discrimination, or a requirement that clients consumers stop engaging in specific behaviors as a precondition to receiving care.)
Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services	<i>[Did not get to during meeting]</i>	<ul style="list-style-type: none"> • I need more clarification to what this means 	Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services.	No change/approved

Original principles (Jan 26 IWG meeting)	2 rounds of feedback		Refined principles (April 23 IWG meeting)	IWG feedback (discussion group worked between meetings- below results from May 25 IWG)
	IWG considerations (from Feb meeting)	IWG Feedback (from Feb post- meeting survey)		
Facilitate the integration of mental health and substance use services to ensure that patients experience treatment as one seamless and completely coordinated system of care, organized around their needs	<i>[Did not get to during meeting]</i>	-	Facilitate the integration of mental health and substance use services to ensure that patients experience treatment as one seamless and completely coordinated system of care, organized around their individual needs.	No change/approved
n/a	<ul style="list-style-type: none"> Add a recommendation to focus on equitable behavioral health practices across the BHS system of care. 	<ul style="list-style-type: none"> I have no idea what this means?? Maybe they mean, Create equity in behavioral health care across the BHS system of care. I'm not sure what this means. 	<i>Discussion group recommended/IWG approved that there not be a section on equitable behavioral health practices because it is already part of other recommendations</i>	n/a